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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2009 calendar year, or tax year beginning

and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  Sigma Pi Phi Fraternity Doing Business As			D Employer identification number  59-1314521	
	See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) 50 Hurt Plaza			Room/suite 750	E Telephone number 404 529 9919
	City or town, state or country, and ZIP + 4 Atlanta, GA 30303				G Gross receipts \$ 1,304,596.
	F Name and address of principal officer: Robert L. Harris same as C above				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(10) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: ► www.sigmapi-phi.net				H(c) Group exemption number ►
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 1904 M State of legal domicile: PA		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Sigma Pi Phi Fraternity is organized exclusively for charitable, literary and educational</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5 Total number of employees (Part V, line 2a)	5 4	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,192,497. Current Year 1,217,995.	
	9 Program service revenue (Part VIII, line 2g)	1,148,396. 33,672.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,890. 21,535.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,047. 31,394.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,383,830. 1,304,596.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,000.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	164,169. 186,947.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,142,062. 897,386.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,306,231. 1,114,333.	
	19 Revenue less expenses. Subtract line 18 from line 12	77,599. 190,263.	
	RECEIVED		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,298,203. End of Year 1,527,337.	
	21 Total liabilities (Part X, line 26)	124,581. 163,452.	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,173,622. 1,363,885.	

## Part II Signature Block

OGDEN, UT

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

SCANNED SEP 16 2010

Sign Here	► <i>Michael Bruno</i>	Date 8-13-2010		
	Signature of officer	Date 8-13-2010		
► <i>Michael Bruno, Treasurer</i>	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► <i>Michael Bruno</i>	Date 8/13/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Tabb & Tabb 50 Hurt Plaza, Suite 995 Atlanta, GA 30303		EIN ►	Phone no. ► 404 584 0870

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes  No 

032001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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See Schedule O for Organization Mission Statement Continuation

P  
14

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The mission of the Sigma Pi Phi Fraternity is to provide charitable, literary and educational functions for like minded men to accomplish things not possible through individual effort.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,114,333. including grants of \$ 0. ) (Revenue \$ 1,304,596. )

The Organization has supported its membership in the exempt purpose of providing charitable, literary and educational functions for like minded men to accomplish things not possible through individual effort.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 1,114,333.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year?  
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1		X
2		X
3		X
4		
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

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## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	11	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	17
1b	Enter the number of voting members that are independent	1b	13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	
	<b>Grand Office and Officers - 404-529-9919</b>	
	<b>50 Hurt Plaza, Suite 750, Atlanta, GA 30303</b>	

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Cornell Leverette Moore <u>Immediate Past Grand Sir</u>	1.00	X					0.	0.	0.
Dr. Peyton Williams, Jr. <u>Grand Grammateus (Ex. Se</u>	40.00	X		X			50,000.	0.	0.
Khephra Burns <u>Grapter (Editor Boule Jo</u>	20.00	X	X				20,000.	0.	0.
Micheal Bruno, CPA <u>Thesauristes (Treasurer)</u>	20.00	X	X				5,000.	0.	0.
Robert L. Harris <u>Sire Archon (Chairman)</u>	5.00	X	X				1,500.	0.	0.
Rodney J Reed <u>Grand Sire Archon - Elec</u>		X					0.	0.	0.
Arnold Grisham <u>Chmn Audit &amp; Budget Comm</u>		X					0.	0.	0.
Perrin Clark <u>Chmn Social Action Comm.</u>		X					0.	0.	0.
Donald Floyd <u>Chmn Constitution &amp; Byla</u>		X					0.	0.	0.
Dennis Archer <u>Chmn Public Policy Comm.</u>		X					0.	0.	0.
Anthony W. Hall, Jr. <u>Chmn The Boule Foundatio</u>		X					0.	0.	0.
Norris Overton <u>Sire Archon - NE Region</u>		X	X				0.	0.	0.
Tom Larkin <u>Sire Archon - SE Region</u>		X	X				0.	0.	0.
William Jones <u>Sire Archon - Central Re</u>		X	X				0.	0.	0.
Kenneth Harris, Sr. <u>Sire Archon - Western Re</u>		X	X				0.	0.	0.
Samuel Johnson, Jr. <u>Sire Archon - Pacific Re</u>		X	X				0.	0.	0.
John Norton <u>Chmn Growth and Expansio</u>		X					0.	0.	0.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total**

76,500.

0

0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4 x

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

5 x

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

Name of the organization.	NAME	(A)	(B)	(C)
		Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  0

0

## **Part VIII Statement of Revenue**

Part VIII   Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b	1,217,995.			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		1217995.			
Program Service Revenue					
2 a Cost Reimbursements fr	Business Code 900002	33,672.	33,672.		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		33,672.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		21,535.	21,535.		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		2,627.	2,627.		
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a Sale of Pins, Literatu	453220	26,382.	26,382.		
b Centennial Book Fees	511130	2,385.	2,385.		
c					
d All other revenue					
e Total. Add lines 11a-11d		28,767.			
12 Total revenue. See instructions.		1304596.	86,601.	0.	0.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,000.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,500.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	92,615.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,753.			
10 Payroll taxes	14,079.			
11 Fees for services (non-employees):				
a Management				
b Legal	13,861.			
c Accounting	27,000.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,270.			
12 Advertising and promotion				
13 Office expenses	105,930.			
14 Information technology				
15 Royalties				
16 Occupancy	32,933.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,213.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,804.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Publishing the Boule' J	302,560.			
b Regional Organizations'	83,120.			
c Web Master/Technology	35,478.			
d Public Policy	25,509.			
e Computer Services	25,104.			
f All other expenses	57,604.			
25 Total functional expenses. Add lines 1 through 24f	1,114,333.			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1. Cash - non-interest-bearing		1	
	2. Savings and temporary cash investments	1,139,642.	2	1,347,731.
	3. Pledges and grants receivable, net		3	
	4. Accounts receivable, net		4	
	5. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7. Notes and loans receivable, net		7	
	8. Inventories for sale or use	4,914.	8	2,827.
	9. Prepaid expenses and deferred charges	26,590.	9	38,481.
	10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	282,634.		
	b. Less: accumulated depreciation	225,808.	10c	56,826.
	11. Investments - publicly traded securities		11	
	12. Investments - other securities. See Part IV, line 11		12	
	13. Investments - program-related. See Part IV, line 11		13	
	14. Intangible assets		14	
	15. Other assets. See Part IV, line 11	39,030.	15	81,472.
	16. Total assets. Add lines 1 through 15 (must equal line 34)	1,298,203.	16	1,527,337.
Liabilities	17. Accounts payable and accrued expenses	44,192.	17	67,192.
	18. Grants payable		18	
	19. Deferred revenue		19	78,500.
	20. Tax-exempt bond liabilities		20	
	21. Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23. Secured mortgages and notes payable to unrelated third parties		23	
	24. Unsecured notes and loans payable to unrelated third parties		24	
	25. Other liabilities. Complete Part X of Schedule D	80,389.	25	17,760.
	26. Total liabilities. Add lines 17 through 25	124,581.	26	163,452.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27. Unrestricted net assets	1,173,622.	27	1,363,885.
	28. Temporarily restricted net assets		28	
	29. Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30. Capital stock or trust principal, or current funds		30	
	31. Paid-in or capital surplus, or land, building, or equipment fund		31	
	32. Retained earnings, endowment, accumulated income, or other funds		32	
	33. Total net assets or fund balances	1,173,622.	33	1,363,885.
	34. Total liabilities and net assets/fund balances	1,298,203.	34	1,527,337.

Form 990 (2009)

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 b Were the organization's financial statements audited by an independent accountant? ..  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**Sigma Pi Phi Fraternity**

Employer identification number

**59-1314521**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance  
 b Contributions  
 c Net investment earnings, gains, and losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

	Yes	No
3a(i)		
3a(ii)		
3b		

by.

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		282,634.	225,808.	56,826.
e Other				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				<b>56,826.</b>

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►**

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►**

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Due from Host Boule'	76,230.
Due from Boule' - Rent/Overhead	5,242.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**

81,472.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

## 2 FIN 48 Footnote. In Part XIV, provide the text of the footnote.

17,760.

## **2. FIN 48 Footnote. In Part XIV, provide information about uncertain tax positions under FIN 48.**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,304,596.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,114,333.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	190,263.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	190,263.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	1,304,596.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,304,596.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,304,596.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	1,114,333.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,114,333.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,114,333.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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2 Enter total number of section 501(c)(3) and government organizations  
3 Enter total number of other organizations

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed.

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Schedule I, Part I, Line 2: Grants are not regularly made by Sigma Pi Phi Fraternity. Occasionally the Social Action or Public Policy Committees will request to make a contribution to another tax exempt organization when circumstances warrant and when the mission of the receiving organization is consistent with Sigma Pi Phi Fraternity's mission.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Sigma Pi Phi FraternityEmployer identification number  
59-1314521Form 990, Part I, Line 1, Description of Organization Mission:

purposes for like minded men to accomplish through concerted efforts  
things that could not be accomplished by individual effort.

Form 990, Part VI, Section A, line 6: The Sigma Pi Phi Fraternity has  
member chapters, known as member boules'.Form 990, Part VI, Section A, line 7a: The governing body of the Sigma Pi  
Phi Grand Boule' (the Fraternity) is elected by the members of the  
Fraternity in accordance with the Fraternity's by-laws.Form 990, Part VI, Section B, line 11: The 990 is sent electronically in  
draft form to the Treasurer who reviews and approves before distributing  
the form to the remainder of the Board electronically. All board members  
have the opportunity to review the 990 prior to filing.Form 990, Part VI, Section C, Line 19: The organization makes its  
governing documents, conflict of interest policy, and financial statements  
available to the public by request to the Grand Office at 750 Hurt Plaza,  
Suite 750, Atlanta, GA 30303.Form 990, Part XI, Line 2 cProcess for auditor selection

The audit and budget committee is responsible for selecting the auditor  
and overseeing the annual audit process. This has not changed since  
the prior year.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
► **Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public  
Inspection**

**Name of the organization**

## Sigma Pi Phi Fraternity

**Employer identification number**  
**59-1314521**

► **Related Organizations and Unrelated Partnerships**  
► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
► **Attach to Form 990.** **► See separate instructions.**

Name of the organization

Sigma Pi Phi Fraternity

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

The Boule Foundation - 34-1304336  
10 Hurt Plaza, Suite 750  
Atlanta, GA 30303  
The Boule Foundation makes  
grants and scholarship  
awards to college students  
501 c 3

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

### Part III

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) The Boule Foundation	M	30,000.
(2) The Boule Foundation	O	3,672.
(3)		
(4)		
(5)		
(6)		

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

## GRAND BOULÉ OF THE SIGMA PI PHI FRATERNITY

List of Member Boulés Included in 990

EIN	MEMBER BOULÉ	ADDRESS	CITY	STATE	ZIP
23-2983072	Alpha	4131 Presidential Drive	Lafayette Hill	PA	19444-1609
76-0827990	Alpha Alpha	4298 Elysian Fields Ave.	New Orleans	LA	70122
54-1530427	Alpha Beta	6 E Clay St	Richmond	VA	23261-1330
26-3747280	Alpha Chi	133 Loree dr	Lansing	MI	48823
26-3660662	Alpha Delta	6519 Neville Ct	Mason	OH	45040-4637
26-3747542	Alpha Epsilon	1410 Acapulco Dr	Dallas	TX	75232-3004
26-3747860	Alpha Eta	8358 Hidden Point Dr	Indianapolis	IN	46256-1879
26-3747937	Alpha Gamma	1835 Manzanita Dr	Oakland	CA	94611-1132
86-1150466	Alpha Iota	1404 Summerville Ave	Columbia	SC	29201-1930
Applied For	Alpha Kappa	6431 Bridlewood Drive, South	East Amherst	NY	14051-2036
26-3748021	Alpha Lambda	1522 Cloverdale Dr	Savannah	GA	31415-7813
26-3748906	Alpha Mu	820 Saint Sebastian Way Ste 2D	Augusta	GA	30901-2636
27-0594076	Alpha Nu	3601 E 24th Street N	Wichita	KS	67220
26-3749281	Alpha Omicron	3013 224th Ave Ne	Sammamish	WA	98074-8904
26-3749418	Alpha Phi	3225 Millstone Ct	Maumee	OH	43537-9690
26-3749588	Alpha Pi	1828 Cabernet Dr	Chula Vista	CA	91913-1280
26-0880345	Alpha Psi	1245 Bartholomew Rd	Middletown	CT	06457-5629
26-3749838	Alpha Rho	1314 E Las Olas Blvd Ste 1060	Ft Lauderdale	FL	33301-2365
Applied For	Alpha Sigma	9 Tenney Court	W. Orange	NY	07052
26-3749954	Alpha Tau	4202 Champaign Dr	Durham	NC	27707-5089
26-3750050	Alpha Theta	6113 SE 58th St	Oklahoma City	OK	73135-5478
26-3750323	Alpha Upsilon	PO Box 31	Maybeury	WV	24861-0031
72-0719924	Alpha Xi	P O Box 1027	Baton Rouge	LA	70821
Applied For	Alpha Zeta	749 Silver Maple Drive	Tallahassee	FL	32308-6251
20-8813025	Beta	1803 W. 95th St. # 112	Chicago	IL	60643-1103
26-3750391	Beta Alpha	7450 N Range Line Rd	Milwaukee	WI	53209-2028
32-0245897	Beta Beta	18 Emerson Rd	Wellesley Hls	MA	02481-3419
26-3750590	Beta Chi	75 San Louise Dr	Fort Valley	GA	31030-6944
22-3899258	Beta Delta	18628 Silent Falls Cove	Davidson	NC	28036
26-4079646	Beta Epsilon	2009 Burntleaf Pl	Greensboro	NC	27410-2881
26-3750653	Beta Eta	27 Ridings Way	West Chester	PA	19382-1034
26-4505352	Beta Gamma	PO Box 9785	Jackson	MS	39286-3329
26-3750732	Beta Iota	83 Wright Dr	Avon	CT	06001-2108
63-0986301	Beta Kappa	3837 Carisbrooke Cir	Birmingham	AL	35226-1400
227166999	Beta Lambda	7606 Martone Rd	Norfolk	VA	23518-4518
52-1707026	Beta Mu	11211 Long Pine Trl	Potomac	MD	20854-2552
26-3749130	Beta Nu	11597 Cedar Chase Rd	Fairfax Station	VA	20170-2475
Applied For	Beta Omicron		Grand Rapids	MI	
59-1314521	Beta Phi	655 Atkinson Road	Christianburg	VA	24073-4315
27-0165604	Beta Pi	91 Norway Ln	Lebanon	PA	17042-9099
14-1736154	Beta Psi	2 Chestnut Ridge Road,	Poughkeepsie	NY	12603
26-3749258	Beta Rho	2688 N Revere Rd	Akron	OH	44333-1228
Applied For	Beta Sigma	10 Pondview Dr	Springfield	MA	01118-1145

## GRAND BOULÉ OF THE SIGMA PI PHI FRATERNITY

List of Member Boulés Included in 990

EIN	MEMBER BOULÉ	ADDRESS	CITY	STATE	ZIP
Applied For	Beta Tau	9 Plum Ridge	Windsor	CT	06095-1914
26-3749442	Beta Theta	620 Broome Rd	Knoxville	TN	37909-2107
20-8652303	Beta Upsilon	280 San Marcos Ave	San Francisco	CA	94116-1945
26-3749611	Beta Xi	PO Box 1037	Windermere	FL	34786-1037
Applied For	Beta Zeta	631 Orienta Ave	Mamaroneck	NY	10543-4320
26-3749760	Chi	1708 Cedar Ln	Nashville	TN	37215-2450
42-1724635	Delta	3598 Fairwood Cv	Memphis	TN	38125-0759
26-3749848	Delta Alpha	539 Hyacinth Pl	Highland Park	IL	60035-1221
01-0830782	Delta Beta	304 Driver Avenue	Greenville	SC	29605
26-3749947	Delta Delta	1902 Whispering Pines Rd	Albany	GA	31707-2570
26-3750030	Delta Eta	1786 Grape St	Denver	CO	80220-3943
26-3750189	Delta Gamma	2913 N Whitten Ave	Tyler	TX	75702-1225
26-3750235	Delta Iota	5778 Chester Ct	Mobile	AL	36609-3304
26-3750334	Delta Kappa	6540 Lolette Lane	Shreveport	LA	71129
26-3940106	Delta Mu	2017 Teakwood Trce	Fort Worth	TX	76112-5430
Applied For	Delta Nu	162 Hoyt Farm Rd	New Canaan	CT	06840-5038
Applied For	Delta Omicon	11388 Palm Valley Cv	Gulfport	MS	39503-7911
26-3750434	Delta Phi	11750 SW Willet Ter	Beaverton	OR	97007-6494
Applied For	Delta Pi	3110 Brittany Place	Pensacola	FL	32504-4945
26-3750519	Delta Rho	1621 Standford Dr	Anchorage	AK	99508-4450
26-3750660	Delta Sigma	352 Devon Rd	Valparaiso	IN	46385-7704
26-3749222	Delta Tau	312 Cold Harbor Dr	Frankfort	KY	40601-3082
26-3749328	Delta Theta	7624 Hackensack Ct	Las Vegas	NV	89128-7264
43-2047962	Delta Upsilon	1838 Vancroft Ct	Dunwoody	GA	30338-3627
26-3760537	Delta Xi	25 Ridgeline	Walnut/Diamond	CA	92660
Applied For	Delta Zeta	26 Estates of Montclaire	Beaumont	TX	77706
59-1314521	Epsilon	7944 Orchid St, NW	Washington	DC	20012-1134
20-8732586	Epsilon Alpha	505 Hilliard Dr	Fayetteville	NC	28311-2678
26-3750761	Epsilon Beta	5415 Blackhawk Dr	Danville	CA	94506
59-1314521	Epsilon Delta	168 N Quarter	Williamsburg	VA	23185-5162
26-4644862	Epsilon Epsilon	7545 Irvine Center Drive #200	Irvine	CA	92618
Applied For	Epsilon Eta	4412 Saint Andrews Drive	Stockton	CA	95219
Applied For	Epsilon Gamma	77009 Miller	Chapel Hill	NC	27517-8482
Applied For	Epsilon Iota	2025 W. Ute Street	Tulsa	OK	74127-2204
Applied For	Epsilon Kappa	417 Winchester Road, NE	Huntsville	AL	35811
Applied For	Epsilon Theta	704 Ocean Road	Madison	WI	53713
Applied For	Epsilon Zeta	43009 Running Ridge Way	Leesburg	VA	20176
Applied For	Eta	7102 Stanford Ave	University City	MO	63130-2335
26-3749789	Gamma	316 Chamberly Dr	Reisterstown	MD	21136-1197
20-8722906	Gamma Alpha	5232 N Calle Bujia	Tucson	AZ	85718-5223
27-1259440	Gamma Beta	10901 Burnt Mill Road, Unit #502	Jacksonville	FL	32256
76-0603610	Gamma Chi	23595 Oak Valley Rd	Cupertino	CA	95014-6553
27-0080022	Gamma Delta	10136 Aberdeen Dr	Grand Blanc	MI	48439-9574

## GRAND BOULÉ OF THE SIGMA PI PHI FRATERNITY

List of Member Boulés Included in 990

EIN	MEMBER BOULÉ	ADDRESS	CITY	STATE	ZIP
26-3749903	Gamma Epsilon	2015 Idaho Mine Ct	Gold River	CA	95670-7715
26-3750067	Gamma Eta	4848 Oakwood Ln	West Des Moines	IA	50265-5411
26-3750215	Gamma Gamma	3700 Green Trl N	Austin	TX	78731-1529
16-1393731	Gamma Iota	31 Country Downs Circle	Fairport	NY	14450
59-1314521	Gamma Kappa	3625 Willow Ridge Ln	Winston Salem	NC	27105-6959
Applied For	Gamma Lambda	4157 Club Course Dr	N Charleston	SC	29420-7621
26-3750577	Gamma Mu	7733 E La Junta Rd	Scottsdale	AZ	85255-2790
26-3750654	Gamma Nu	107 Kimbrough St	Greenwood	MS	38930-4114
26-3750455	Gamma Omicron	15910 Dawson Ridge Dr	Tampa	FL	33647-1324
54-2142413	Gamma Phi	701 N Saint Marys St Apt 35	San Antonio	TX	78205-1345
62-1817205	Gamma Pi	2124 Merlin Drive	Chattanooga	TN	37421
26-3749727	Gamma Psi	6 Mountain Ridge Ct	Columbus	GA	31904-1968
26-3749531	Gamma Rho	7393 Whittingham Way	West Bloomfield	MI	48322-3288
26-3749725	Gamma Sigma	1408 Griffin Cir	Raleigh	NC	27610-4928
74-3163766	Gamma Tau	11329 N Meadowbrook Drive 85W	Mequon	WI	53097-3133
52-1877089	Gamma Theta	30173 Stoneybrooke Dr	Salisbury	MD	21804-2486
26-3749873	Gamma Upsilon	21 Allesarn Rd	Asheville	NC	28804-2204
65-0565757	Gamma Xi	3935 Trentwood Place	Sarasota	FL	34243-5232
80-0455232	Gamma Zeta	1 S Orange Grove Blvd Apt 7	Pasadena	CA	91105-1783
26-3750028	Iota	44861 Aspen Ridge Dr	Northville	MI	48168-4435
75-3217997	Kappa	4174 Tattershall Dr	Decatur	GA	30034-5355
Applied For	Lambda	1350 Brookwood Place	Columbus	OH	43209-2813
26-3750048	Mu	12 Hershey Rd	East Brunswick	NJ	08816-2633
26-3750129	Nu	5215 Honey Cir	Houston	TX	77004-6521
41-1395362	Omicron	11404 Entrevaux Dr	Eden Prairie	MN	55347-2863
26-3750847	Phi	9200 Gainswood	Montgomery	AL	36117-5120
26-3623967	Pi	321 Linwood Court	Little Rock	AR	72205
26-3750787	Psi	407 Northwestern Pkwy	Louisville	KY	40212-2735
26-3750234	Rho	138 Penham Ln	Pittsburgh	PA	15208-2637
26-3750237	Sigma	821 Accent Park Dr	Dayton	OH	45427-2711
26-3750115	Tau	20 Fairway Trl	Chagrin Falls	OH	44022-2378
26-3750356	Theta	7903 NE Shoal Creek Valley Drive	Kansas City	MO	64157
26-3750430	Upsilon	8 Druid Pl	Charleston	WV	25314-1127
95-3926130	Xi	2 Packsaddle Rd E	Rolling Hills	CA	90274-5240
26-3750511	Zeta	455 W 140th St	New York	NY	10031-9131

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ►

► If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

**All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>Sigma Pi Phi Fraternity, Inc.</b>	Employer identification number <b>59 1314521</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>50 Hurt Plaza - Suite 750</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Atlanta, GA 30303</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

The books are in the care of ► **Katrina Nelson**

Telephone No. ► ( **404** ) **529-9919** FAX No. ► ( . . . . . )

If the organization does not have an office or place of business in the United States, check this box . . . . . ►

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 **09** or

►  tax year beginning . . . . . , 20 . . . . . , and ending . . . . . , 20 . . . . .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO or payment instructions.